

CLAIMS ONLY							Application Number 10B3185		Filing Date
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1									
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50									
Total Indep	2								
Total Depend	17								
Total Claims	19								
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Filing Date

Applicant(s)

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